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## BIB DATA SHEET

CONFIRMATION NO. 9157

<b>SERIAL NUMBER</b> 10/723,228	<b>FILING or 371(c) DATE</b> 11/26/2003 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3686	<b>ATTORNEY DOCKET NO.</b> 17275		
<b>APPLICANTS</b> Hiroko Ohishi, Tokyo, JAPAN; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> JAPAN 2002-345814 11/28/2002 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 02/25/2004						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/RAJIV J RAJ/</u> Examiner's Signature		<input checked="" type="checkbox"/> Met after Allowance RJR Initials	<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWINGS</b> 10	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> SCULLY SCOTT MURPHY & PRESSER, PC 400 GARDEN CITY PLAZA SUITE 300 GARDEN CITY, NY 11530 UNITED STATES						
<b>TITLE</b> Medical service assisting system, medical service assisting method, and program thereof						
<b>FILING FEE RECEIVED</b> 942	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			